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Testimony of Child Advocate Sarah Healy Eagan before the
Appropriations Committee
March 25, 2022

Senator Osten, Representative Walker, Senator Miner, Representative France, and distinguished members of the Appropriations Committee, this testimony is submitted on behalf of the Office of the Child Advocate ("OCA"). The obligations of the OCA are to review, investigate, and make recommendations regarding how our publicly funded state and local systems meet the needs of vulnerable children and staff and co-chair the state's Child Fatality Review Panel.

S.B. No. 406 (RAISED) AN ACT CONCERNING RATE INCREASES FOR COMMUNITY SERVICE PROVIDERS.

The OCA deeply appreciates the legislature's commitment to transformation of our children's mental health delivery system and investment in the nonprofits community providers is essential.

A Policy and oversight structure for behavioral health should be established that can expressly include payment and reimbursement analysis and make regular recommendations to budget makers and regulators.

While several state agencies play important roles in the children's behavioral health system (DPH, Insurance, DCF, Schools, Early Childhood,) we do not have a robust oversight and coordination infrastructure to bring information together and inform policymakers and budget writers as to the efficacy of our behavioral health system, including investments needed to ensure adequate service capacity and workforce. OCA has testified several times this session regarding the need for a policy and oversight taskforce with intergovernmental membership, a clear and robust mission, and external staff to facilitate the necessary and articulated work of analyzing key aspects of our behavioral health care system, which includes payment, reimbursement and investment analysis and recommendations.[1]

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[1] https://leg.colorado.gov/committees/behavioral-health-task-force/2021-regular-session. In 2019, Colorado's governor created a Behavioral Health Taskforce recommendations to the General Assembly and the Governor on policies to create transformational change in the area of behavioral health. The mission of the task force was to **evaluate and set the roadmap to improve the current behavioral health system in the state**.

This work would be undertaken collateral to the operational work of the state agencies who administer various aspects of our health care delivery system.

Ideally the work outlined in this bill could be accomplished through such a policy and oversight structure. We will also need to analyze the state agency contracting process to ensure that contracts and rates are adequately tailored to match the cost of delivering quality care and best practice for delivering that care (e.g., care coordination, Mobile Crisis services). This work should be done in a data-driven, transparent and accountable manner.

While this work is pending, OCA recommends immediate investments in non-profits to bolster and protect capacity in the existing service array, which, by report of providers and families across the state, is currently inadequate to the meet the tremendous demand for mental health services. Providers and families continue to report waitlists for residential and outpatient levels of care. OCA learned just a few weeks ago that one state provider of children's mental health services had a wait list of more than 60 families for its intensive in-home service.[2] A child OCA is currently advocating for has spent months in an in-patient setting unable to be discharged either home or to a step-down program due to lack of available and appropriate beds and services. Notably, there has not been publicly accessible data regarding wait lists and provider capacity at out- patient and intermediate levels of care to help inform legislative investments and state agency contracting.

H.B. No. 5435 (RAISED) AN ACT ESTABLISHING A TASK FORCE ON SUBSTANCE USE DISORDER SERVICES AND THE EXPENDITURE OF OPIOID LITIGATION SETTLEMENT FUNDS.

The purpose of this testimony is to outline OCA's recommendations regarding how this structure and anticipated dollars can benefit children. Children are affected by the opioid epidemic in a multitude of ways.

Substance Exposed Infants

According to the SEI-FASD taskforce, in Connecticut, notifications to DCF submitted by hospitals between April 2019 and June 2020 reveal infants affected by any type of prenatal substance exposure averaged 5.8% of live births, over 1000 children per year. In 2019, there were 309 babies identified with neonatal abstinence syndrome or neonatal opioid withdrawal syndrome. These children may face a range of medical, developmental, and social challenges because of substance exposure.

Child Fatalities

Infants are the largest cohort of children to die from preventable causes in the state.

Infant/Toddler Homicide and Teen Overdose

In 2019, there were no infant/toddler deaths due to Fentanyl. In 2020 we saw our first case of an infant die from Fentanyl toxicity, and 2021, there were five cases of infants and toddlers dying from Fentanyl.

[2] Data regarding children on discharge delay status from hospitals and Emergency Departments around the state underscores need for greater capacity in the continuum of community-based supports and services.

In 2022, we continue to monitor this issue along with the Chief Medical Examiner. Infant toxicology results take time and at this juncture I can't comment on 2022 cases, but OCA notes that the concern continues.

Teens and Fentanyl Toxicity.

We continue to see teenagers who are consuming and dying from Fentanyl. Between 2019 and 2021, 9 youth died who were positive for Fentanyl: five were determined to have died from an accidental Fentanyl overdose, three youth tested positive for Fentanyl and were involved in motor vehicle related accidents, and one child who died by suicide was also positive for Fentanyl.

Sudden Unexplained Infant Death

Additionally, infants who have substance-exposure, both pre and post-natal, are at greater risk for Sudden Unexplained Infant Death, the leading cause of death for otherwise healthy infants. OCA has reviewed dozens of infant deaths in the last 5 years that were classified by the Office of the Chief Medical Examiner as SUID/Undetermined (deaths typically involve an infant in an unsafe sleep environment such as bed-sharing, couch sleeping, sleeping prone/side), and where scene and/or death investigation revealed prior or current concerns about caregiver substance use.

Children losing a parent to opioid misuse or overdose

Another tragic outcome to this opioid crisis is children losing one or both parents to overdose. In 2022, OCA has already been notified through the DCF critical incident distribution list of nine parent overdose deaths[3] with indicators of opiates, affecting sixteen children ranging in age from 2 months to 16 years old. There are additional critical incidents involving children ingesting opiates. And of course there are many many children who come into DCF care or under DCF supervision due to parental substance use each year. These children and their families need access to robust supports and services, including timely wrap around supports that address treatment needs and social determinates of health.

OCA Recommendations

OCA recommends that to the extent the settlement permits remediation dollars to be used to mitigate the effects of the opioid epidemic, the framework for settlement fund distribution should specifically address the needs of substance-exposed infants, children impacted by parental substance use disorder, children whose parents have died as a result of opioid overdose, and the need for investment in "two generational" services that can help parents and guardians access recovery supports and their children.

Members of the Opioid Settlement Advisory Committee should include the Department of Children and Families, and include members who work with pregnant women and parents of young children affected by opioid use disorder, a healthcare professional who works with substance-exposed infants, a developmental support specialist who works with substance-exposed children, and a grandparent raising a child or children affected by parental substance use. As the co-chair and permanent staff to the state's Child Fatality Review Panel, OCA would also welcome participation in the settlement

[3] Reported to DCF where there are known children affected.

committee as a non-voting member. In this way OCA can provide critical data and advocacy regarding the needs of children affected by the opioid epidemic.

Very truly yours,

Sarah Healy Eagan, JD

Child Advocate, State of Connecticut